



Report for the File No. 431

## **EHP II Year 4 Quarterly Report 2 October–December 2002**

**April 2003**

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**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT**  
BUREAU FOR GLOBAL HEALTH  
OFFICE OF HEALTH,  
INFECTIOUS DISEASES AND NUTRITION  
WASHINGTON, DC 20523-1817



**ENVIRONMENTAL HEALTH PROJECT**  
1611 N. KENT ST., SUITE 300  
ARLINGTON, VA 22209  
PHONE (703) 247-8730  
FAX (703) 243-9004  
[www.ehproject.org](http://www.ehproject.org)



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**EHP II Year 4 Quarterly Report 2**  
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# Abbreviations

ANDA	National Aqueduct and Sewerage Administration (Administración Nacional de Acueductos y Alcantarillados), El Salvador
ANERA	American Near East Refugee Aid
ASOS	Action Santé Organisation Secours
BASICS	Basic Support for Institutionalizing Child Survival
CAPRE	Regional Potable Water Committee (Comité de Agua Potable para la Región)
CECI	Canadian Center for International Studies and Cooperation
CEPIS	Pan American Center for Sanitary Engineering and Environmental Sciences
CORE Group	Child Survival Collaborations and Resources Group
COSUDE	Swiss Agency for Development and Cooperation (Agencia Suiza para el Desarrollo y la Cooperación)
CSTS	Child Survival Technical Support Project
DHS	Demographic and Health Survey
DIGESA	General Directorate of Environmental Health (Dirección General de Salud Ambiental), Peru
DRC	Democratic Republic of Congo
ECHO	Environmental Change and Health Outcomes
ECHO/IVM	ECHO Integrated Vector Management
ECHO/XS	ECHO Cross-Sectoral Surveillance
EGAT	USAID/Washington's Economic Growth, Agriculture and Trade Bureau
EHP	Environmental Health Project
EHP II	EHP Phase II

ENACAL	Nicaraguan Water and Sewage Company (Empresa Nicaragüense de Acueductos y Alcantarillados)
EWARS	Early Warning Reporting System
EWOC	Emergency Water Operations Center
GESCOME	Community Management of Environmental Health (Gestion Communautaire de la Santé Environnementale), Benin
HAMSET	HIV/AIDS, malaria, sexually transmitted diseases, and tuberculosis
IIN	International Institute for Nutrition
INAPA	National Water Supply and Sewerage Institute (Instituto Nacional de Aguas Potables y Alcantarillados), Dominican Republic
INSTAT	National Statistics Institute (Institut National de la Statistique), Madagascar
IVM	integrated vector management
MEASURE	Monitoring and Evaluation to Assess and Use Results
MICET	Madagascar Institute for the Conservation of Tropical Ecosystems (Madagascar Institute pour la Conservation des Ecosystèmes Tropicaux)
MIM	Multilateral Initiative in Malaria
MINSA	MOH (Ministerio de Salud), Nicaragua
MISAU	MOH, Mozambique
MOH	ministry of health
MVDP	Malaria Vaccine Development Program
NGO	nongovernmental organization
PfEMP1	<i>Plasmodium falciparum</i> erythrocyte membrane protein 1
PROARCA	Central American Environmental Program (Programa Ambiental Regional para Centroamérica)
PVO	private voluntary organization
SAF	Department for Development, Church of Jesus Christ, Madagascar

SAFE Project	Sanitation and Family Education Project, Bangladesh
SIMA	System-Wide Initiative on Malaria and Agriculture
SINAS	National Water and Sanitation Information System (Sistema de Información Nacional en Agua y Saneamiento), Nicaragua
UNICEF	UN Children's Fund
USAID	U.S. Agency for International Development
VS/IPI	Voahary Salama/Integrated Programs Initiative, Madagascar
VWS	Village Water and Sanitation Program
WAWI	West Africa Water Initiative
WELL	Water and Environmental Health at London and Loughborough
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
WS&S	water supply and sanitation
XS	cross-sectoral surveillance

# TASK ORDER 1

## Task 1: Work Plan

### Overview

Task 1 in Task Order 1 is the development and finalization of the yearly Environmental Health Project (EHP) work plans. Preparing the plan for the upcoming year of the project requires extensive assessments of existing activities; discussions and meetings with the U.S. Agency for International Development (USAID), the EHP technical staff, and subcontractor representatives; and the preparation of outlines, drafts, and final approved plans.

### Activities and Accomplishments

- Obtained formal approval of the Year 4 Work Plan from the Cognizant Technical Officer (CTO).

### Plans for Next Quarter

- Monitor all new activities to make sure they conform to the Year 4 Work Plan (no staff time will be charged to this activity).

## Task 2: Policy and Lessons Learned

### Overview

Task 2 includes the following five subtasks: performance monitoring, indicators, meetings and reports, partnerships, and lessons learned.

**Performance monitoring**, which is central to EHP's evidence-based planning and management, addresses internal needs as well as those of USAID. Under this subtask, monitoring and evaluation plans are developed for EHP, for its core activities, and for field programs. Systems and procedures are designed to track activities from planning through implementation to evaluation, and a quality management process of reviews and progress monitoring is implemented.

The purpose of the **indicators** subtask is to improve the validity and reliability of existing water, sanitation, and hygiene indicators and data collection methods and the development of new indicators and methods. This subtask has three components: 1) build international consensus for the use of indicators to measure water supply and sanitation coverage and hygiene behaviors; 2) develop methods of collecting data at national and local levels to assist programmatic decision-making; and 3) develop methods to link



water, sanitation, and hygiene indicators to health outcomes, human development and poverty reduction. EHP works closely with international and private voluntary organizations (PVOs) to implement this subtask.

The purpose of the **meetings and reports** subtask is to communicate information about EHP's technical areas of interest to wider audiences. Meetings, conferences, and workshop are organized, supported, and/or attended, and reports or articles are published for promoting environmental health and the learning of the project. Reports and meetings may address policy issues, the state of environmental-health-related knowledge, or results of EHP activities.

The purpose of the **partnerships** subtask is to establish and maintain communication with other organizations and to identify opportunities for collaboration to achieve common goals. Working in partnership is an essential element for EHP to achieve its goal of mainstreaming the primary prevention of diarrhea, malaria, and acute respiratory infection within the child survival context. The following types of organizations are targeted for collaboration: USAID cooperating agencies, United Nations and other international agencies, private and nongovernmental organizations (PVOs and NGOs), the Office of Private and Voluntary Cooperation of the USAID Bureau for Humanitarian Response, and private commercial-sector partners.

Capturing the **lessons learned** from EHP's experience and keeping USAID updated on the project's progress are accomplished by regular technical and management meetings of EHP and USAID staff. In addition, this subtask includes maintaining the project's e-rooms and responding to non-activity-specific e-mails.

## **Performance Monitoring**

### **Activities and Accomplishments**

- Reviewed scopes of work for technical quality and consistency.
- Produced quarterly and annual reports.
- Ensured technical reviews and activity support routinely and as required.
- Responded to information requests or feedback related to environmental health issues in general and monitoring and evaluation specifically.
- Produced Annual Performance and Milestone Report.

### **Plans for Next Quarter**

- Track EHP performance-monitoring indicators quarterly based on end-of-project results for each task and key activities.
- Produce quarterly report.

- Perform technical reviews and activity support routinely and as required.

## **Indicators**

### **Activities and Accomplishments**

- Continued work with MACRO/Measure Demographic and Health Survey (DHS)+ to improve indicators for water, sanitation, and hygiene, focusing on data collection about the urban poor.
- Completed the initial draft of the household hygiene improvement quantitative assessment guide, with first-level indicators (see also Task 3: Community-Based Environmental Sanitation and Health—CESH).
- Supported monitoring and evaluation activities in the Democratic Republic of the Congo, the Dominican Republic, Nicaragua, Peru, India, and the West Bank.

### **Plans for Next Quarter**

- Apply draft survey household and school instrument to monitor Vision 21 targets in CESH field activities.
- Revise the household hygiene improvement quantitative assessment guide and incorporate second-level indicators.
- Collaborate with the Child Survival Collaborations and Resources (CORE) group and Child Survival Technical Support Project (CSTS) to revise and/or expand the hygiene improvement indicators.
- Continue work on indicators with the Household and Community IMCI task force and with MACRO/Measure DHS+.
- Participate in a Measure Evaluation Technical Advisory Group in April 2003.

## **Meetings and Reports**

### **Activities and Accomplishments**

- Met with the chief of the Maternal and Child Nutrition Division to discuss potential collaboration in an effort to include hygiene as a best practice in nutrition.
- Received acceptance of the following abstracts for panel presentations for the 2003 Annual Meeting of the Global Health Council: 1) mainstreaming prevention of childhood diarrhea in child health programs and 2) improving child health in urban slums and squatter settlements.

- Explored a new topic for a policy paper—documentation of the urban health panel for the Global Health Council meeting in May 2003—and continued to explore the link between safe water and sanitation in high-risk HIV/AIDS households with UNICEF.

### **Plans for Next Quarter**

- Follow up with the Best Practices in Nutrition Working Group to consider including hygiene improvement best practices in a policy paper and with the U. N. Children's Fund (UNICEF) on HIV/AIDS policy paper.
- Prepare for Global Health Council meeting.

### **Partnerships**

#### **Activities and Accomplishments**

- Participated in Nicaragua country-cluster meetings of USAID's Bureau for Global Health working group on Community Integrated Management of Childhood Illnesses (C-IMCI).
- Participated with the Basic Support for Institutionalizing Child Survival (BASICS) project and with CORE in planning meetings for the Latin America Regional Expert Consultation on C-IMCI to be held in February 2003 in Nicaragua.
- Began planning a session on integrating environmental health into C-IMCI programs for the consultation mentioned above.
- Participated in a meeting of the World Bank Steering Committee on the Initiative for Public-Private Partnership for Handwashing with Soap; reviewed progress in country programs; and discussed potential involvement of EHP in providing input to the monitoring and evaluation framework of the Initiative.
- Participated in a panel discussion organized by the Child Survival and Health Grants programs staff on collaboration between USAID cooperating organizations and PVOs at the country level.
- Agreed to a request from Catholic Relief Services (CRS) to assist with the development of a module on hygiene improvement to be included in the C-IMCI handbook used by CRS in the Philippines, Kenya, and other countries.

### **Plans for Next Quarter**

- Continue routine contacts and agreed activities with international organizations and other partners.
- Prepare a monitoring framework for the Initiative on Public-Private Partnerships for Handwashing with Soap.

- Prepare the first draft of a module on hygiene improvement for the CRS handbook on C-IMCI.

## **Lessons Learned and Progress**

### **Activities and Accomplishments**

- Kept USAID up to date on the project through regular meetings, captured lessons learned, and coordinated staff activities.

### **Plans for Next Quarter**

- Continue routine activities.

## **Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)**

### **CESH Core Activities**

#### **Overview**

Interventions under CESH develop, apply, and disseminate tools that help NGO and government program managers and communities identify local environmental health priority conditions and behaviors and guide selection and evaluation of actions to reduce the incidence of diarrhea in children under five years of age. The task is scheduled to continue for the duration of EHP. The activities under the task are expected to contribute to USAID Office of Health Results 6 and 7 by developing a project approach to diarrhea prevention.

CESH works in four major areas: 1) operations research; 2) environmental sanitation policy; 3) development of tools for diarrheal disease prevention; and 4) field application of those tools in USAID-supported Population, Health and Nutrition (PHN) countries.

### **Operations Research**

#### **Activities and Accomplishments**

- Submitted comments on the second draft of the report on the safe disposal of children's excreta back to the International Institute for Nutrition (IIN) in Peru.
- Finalized research protocol with the Centers for Disease Control and Prevention (CDC) and USAID/Zambia on point-of-use water chlorination.

### **Plans for Next Quarter.**

- Finalize report on the safe disposal of children's excreta being prepared by IIN in Peru.

## **Environmental Sanitation Policy**

### **Activities and Accomplishments**

- Disseminated the guidelines.
- Identified opportunities for EHP to apply the guidelines (guidelines are being applied as follows: by PAHO in Honduras; by WaterAid and UNICEF in Madagascar as part of the Water Supply and Sanitation Collaborative Council Water, Sanitation and Hygiene [WSSCC WASH] campaign; the World Bank Water and Sanitation program in Laos).

### **Plans for Next Quarter**

- Continue dissemination activities.
- Follow up on additional possibilities for applying the guidelines with the Water and Environmental Health at London and Loughborough (WELL II) project, with PAHO/CEPIS (Pan American Center for Sanitary Engineering and Environmental Sciences) in Peru.

## **Development of Tools for Diarrheal Disease Prevention**

### **Activities and Accomplishments**

- Engaged a consultant to assist the PVO NicaSalud in Nicaragua in initial drafting of a community-based participatory monitoring and evaluation tool, user guide and user training module.
- Expanded the hygiene-improvement-framework advocacy document based on input from EHP staff and partners and continued to solicit the participation of UNICEF in its production.
- Completed the initial draft of the hygiene improvement quantitative assessment guide, with first-level indicators—an assessment and planning tool based on the hygiene-improvement framework (see also, Task 2: Policy and Lessons Learned).
- Developed an outline for an action-learning guide to be developed under contract by the Manoff Group: Action Learning Package: Behavior-Centered Programming for Hygiene Improvement and Diarrheal Disease Prevention.

## **Plans for Next Quarter**

- Revise the hygiene improvement quantitative assessment guide by adding second-level indicators.
- Support the Manoff Group as they work under contract to prepare the first draft of the behavior-change programming guide for diarrheal disease reduction and begin considering possible field-test sites.
- Finalize hygiene-improvement-framework advocacy document and develop and carry out a dissemination and advocacy strategy for it.

## **Issues and Problems**

- The CESH Coordinator resigned, and a decision was made to divide CESH responsibilities among current staff and not to recruit a replacement.

## **Field Application of Tools for Diarrheal Disease Prevention**

See next section.

## **CESH Field Programs**

### **Benin: GESCOME II**

#### **Overview**

GESCOME II is the continuation of GESCOME I, a Community Involvement in the Management of Environmental Pollution activity under EHP I, which ran from 1997–1999. Benin program activities consisted of refining EHP's community-based approach, applying it in the field, conducting operations research and scale-up activities, and promoting environmental sanitation policies. Project activities were essentially completed May 1, 2001. However, lessons learned activities are ongoing and will continue under a new scope of work.

#### **Activities and Accomplishments**

- Continued work on documents to be prepared as follow-up to the GESCOME program: final report and lessons learned.

#### **Plans for Next Quarter**

- Finalize the two documents.

# **Democratic Republic of the Congo: Technical Assistance to SANRU III**

## **Overview**

EHP is assisting the SANRU III project in implementing the water supply and sanitation component. SANRU III is a five-year, \$25 million rural health project, which includes a wide range of primary health care interventions and operates in 63 of 300 health zones. The goal of EHP assistance is to strengthen the management capacity of zonal water and sanitation coordinators to carry out a hygiene behavior change program that will result in a decrease in diarrheal disease incidence.

## **Activities and Accomplishments**

- Initiated the development of a hygiene behavior-change strategy by sending an EHP consultant to the Democratic Republic of the Congo to plan the formative research.
- School of Public Health in the University of Kinshasa, under contract to EHP, completed and analyzed formative research and documented the results in a draft report (in French).
- Consultant developed the behavior-change strategy and issued a draft strategy report (in French).
- Completed preliminary planning with SANRU and BASICS on the key elements of a workshop on C-IMCI for zonal-level health staff in the ten pilot zones.

## **Plans for Next Quarter**

- Prepare an EHP activity report on the development of the behavior-change strategy.
- Design and conduct two workshops for zonal-level health staff and health-area communications agents.
- Initiate planning for a quantitative baseline survey to measure changes in key hygiene behaviors.

## **Issues and Problems**

- The second training of trainer workshop for the zonal water supply and sanitation coordinators was postponed until May or June 2003.

## **Honduras: Development of Supervisory System for Environmental Health Technicians**

### **Overview**

USAID has been working with the Honduran Ministry of Health since 1993 in the development of an integrated environmental health program. To date, the ministry has trained 270 Environmental Health Technicians (TSAs) and is in the process of training 50 supervisory TSAs. More TSAs are to be trained during 2002. Because of the growth in the TSA program, USAID/Honduras has requested that EHP provide an advisor in environmental health to assist the ministry to develop a working model for TSA supervision, task definition, evaluation and reporting.

### **Activities and Accomplishments**

- Provided performance and support for TSAs that have already completed training and are working in their communities through a second visit by the EHP consultant.
- Assessed effectiveness of the TSAs: they are generally successful in their new roles; however, the consultant found inequities in logistical support, lack of information sharing, need for formal civil service recognition of the TSA job classification, and the need for a field reference manual.

### **Plans for the Next Quarter**

- Initiate planning for the third and final visit of the consultant, tentatively scheduled for April or May 2003.

## **Latin America and the Caribbean: Sanitation in Small Towns**

### **Overview**

EHP is developing practical guidance for USAID missions and contractors on improving sanitation in small towns. This activity builds on EHP's previous decentralization work in Latin America and the Caribbean that focused on small towns and rural areas. EHP has developed a draft overview document that defines the problem and a methodology that can be used to develop a plan to improve sanitation services in small towns.

### **Activities and Accomplishments**

- Conducted a regional workshop in Cuzco, Peru, Oct. 1–3, 2002, for 50 participants.
- Completed planning and conducted the second regional workshop in Tela, Honduras, Nov. 19–21, 2002, for 50 participants.
- Identified potential country-specific follow-up actions, resulting from the two workshops, for which EHP could provide some assistance.



## **Key Products**

- EHP Strategic Report 3: Improving Sanitation in Small Towns in Latin America and the Caribbean (published: first quarter, disseminated: second quarter).
- Article on sanitation in small towns published in July issue of *Waterlines*.

## **Plans for Next Quarter**

- Write an EHP activity report on the two workshops.
- Conduct a debriefing at USAID on the activity.
- Finalize plans for EHP follow-on assistance with specific countries. Paraguay, Peru, Guatemala, and Panama have expressed the greatest interest.

## **Dominican Republic: Community-Level Hygiene Behavior Change**

### **Overview**

The purpose of this activity is to strengthen the behavior-change component of the community health, water, and sanitation interventions currently under way within the USAID/Dominican Republic reconstruction program in order to achieve the maximum project health impact. EHP will provide assistance to Entrena, NGOs involved in water supply and sanitation reconstruction efforts, and the Ministry of Health to design and implement a strategy to prevent diarrheal disease through improved hygiene behaviors. An interactive approach will identify NGO strengths and work in a participatory fashion to improve the community-level behavior-change capacity of the NGOs and the Ministry of Health. The basic approach is to improve the behavior-change component by strengthening the capacity of the participating NGOs to design and implement behavior change activities. This technical assistance will be coordinated with technical assistance for community-level behavior change in the areas of nutrition and social mobilization for vaccinations, and ultimately it will be incorporated into the Dominican IMCI model. This activity was to conclude on Dec. 31, 2001. However, EHP and USAID/Global Health agreed to provide additional CESH core support to allow for follow-up assessments to be compared with baseline data to monitor long-term behavior change and for expanding the approach to other organizations.

### **Activities and Accomplishments**

- Began rewrite of the final report (the quality of the report as originally submitted was poor).
- Health personnel trained under the project traveled to Nicaragua and assisted with training there (see below, Peru and Nicaragua: PAHO/C-IMCI).

## **Plans for Next Quarter**

- Complete rewrite of the final report.
- Carry out a rigorous comparative analysis of the baseline data and the data from the first follow-on assessment.
- Follow-on activities in Hato Mayor including an additional round of data collection to get a longer term perspective on behavior change.
- Support for BCC activities through training of trainers.
- Contract with the umbrella NGO Alianca to be the local coordinating arm to extend the use of the approach.

## **Nepal: Technical Support to the Asian Development Bank and Initiation of EHP Support to the Public-Private Partnership for Handwashing with Soap Initiative**

### **Overview**

EHP is assisting the Asian Development Bank (ADB) in supporting the Community-Based Water Supply and Sanitation Project in Nepal, an integrated water supply, sanitation, and hygiene promotion activity that will be eligible for financing through the ADB's sector loan modality. The ADB will establish a draft sector strategy to help prioritize investment decisions and then will develop a project design that is truly community-driven. EHP's role is to ensure that the strategy takes into consideration the importance of health outcomes and the multi-sectoral linkages between a rural water supply and sanitation strategy and the improvement of child health. In addition to its work with the ADB, EHP will also initiate a partnership with USAID/Nepal for the promotion of hand washing as a public health initiative.

### **Activities and Accomplishments**

- Identified issues regarding the water supply and sanitation sector in Nepal, using the components of EHP's hygiene improvement framework.
- Prepared a description of the possible linkages between the strategy for rural water supply and sanitation and USAID's health programming.
- Prepared a draft memorandum of understanding outlining a partnership between UNICEF, USAID, and the World Bank for the promotion of hand washing for diarrheal disease prevention and developed a scope of work for EHP's involvement in the partnership.

## **Plans for Next Quarter**

- Finalize the memorandum of understanding on the partnership between UNICEF, USAID, and the World Bank for the promotion of hand washing.
- Initiate technical assistance for the design phase of the public-private partnership.

## **Peru and Nicaragua: PAHO/C-IMCI—Behavior Change for the Prevention of Diarrheal Diseases**

### **Overview**

EHP is providing technical assistance to the Pan American Health Organization (PAHO) in Peru and Nicaragua to implement a C-IMCI module developed by EHP and used recently in the Dominican Republic. EHP is assisting the NGOs that will use the module to design and implement a strategy to prevent diarrheal disease through improved hygiene behaviors. The activity further cements the partnership between EHP, USAID, PAHO, the NGOs involved, and the ministries of health in both countries. The first four phases of the activity (planning and development) are scheduled for Project Year 4; the fifth and sixth (implementation), for Project Year 5.

### **Activities and Accomplishments**

- Continued field work for the second phase of activities: apply research to test the concepts and the strategy, implement trials of improved practices (TIPs), develop materials, and refine strategy.
- Hired a new local coordinator in Nicaragua; a local coordinator has been in place in Peru since the initiation of activities.
- Assisted participants from the NGOs and the ministries of health to conduct formative research, the results of which will be incorporated into the project's strategic plan.

## **Plans for Next Quarter**

- Complete phase three in both countries— pretest materials, prepare the quantitative baseline, develop the manual for promoters, identify a cadre of promoters for training in the next phase.

## **West Africa: Water Initiative**

### **Overview**

Ghana, Mali, and Niger have been selected as beneficiary countries for a \$41 million West Africa Water Initiative (WAWI). The initiative is supported by a public-private partnership led by the Conrad N. Hilton Foundation and USAID; the other partners include World Vision; UNICEF; WaterAid; the Cornell International Institution for Food,

Agriculture, and Development; Winrock International; Lion's Club International; the World Chlorine Council; and the Desert Research Institute. The initiative's objectives include providing potable water and sanitation services to rural communities, preventing waterborne diseases (especially in children under five), improving food security, alleviating poverty, and preventing trachoma, onchocerciasis, guinea worm, and schistosomiasis. EHP's role is to help strengthen the water and sanitation component of the initiative, to ensure that health outcomes are achieved, and to provide technical assistance, as needed.

### **Activities and Accomplishments**

- Attended partners' meeting, in which it was decided that EHP would be charged with monitoring project activities against agreed goals.

### **Plans for the Next Quarter**

- Participate in a scoping trip to Mali to identify technical assistance needs.
- Launch project.

## **Task 4: Environmental Change and Health Outcomes (ECHO)**

ECHO, Task 4 of Task Order 1, is divided into two parts. Task 4A covers cross-sectoral surveillance and integrated vector management, with the focus on malaria prevention and control; Task 4B covers integrated health-environment programs.

### **Task 4A: ECHO: Cross-Sectoral Surveillance (XS) and Integrated Vector Management (IVM)**

ECHO/XS activities are designed to develop methods for performing the integrated analysis of epidemiological, environmental, demographic, and other data to improve the prevention and control of malaria, other vector-borne diseases, and other environmental health problems. Work under this task consists of: 1) developing and testing methods for cross-sectoral surveillance; 2) creating tools to promote cross-sectoral surveillance as national policy and applying them in three countries; and 3) institutionalizing cross-sectoral surveillance approaches in three countries. Most work is conducted in the context of field activities.

ECHO/IVM activities determine the effectiveness of vector-control interventions and identify the settings in which they are likely to be effective, particularly in urban and rural settings in Africa. IVM approaches are promoted as part of official national malaria control plans and procedures. The emphasis is on developing better tools for vector control, including promoting the use of environmental management and larval control, developing IVM strategies appropriate to particular settings, and promoting community participation in vector-control programs.

## **ECHO/XS and IVM Core Activities**

### **Activities and Accomplishments**

- Refined and made significant progress in implementing a communications strategy for the ECHO program: identified topics for activity and strategic reports, EHP Briefs, and articles for peer-reviewed journals to be prepared during the remainder of EHP II.
- Prepared a package of publications and information for distribution at the Third Multilateral Initiative in Malaria (MIM) conference in Arusha, Tanzania.
- Presented overall status of activities to the Office of Health, Infectious Diseases and Nutrition's (HIDN) to support their review of the ECHO program and discussion of directions for the next five years.

Examined documentation on World Bank projects under development for Sub-Saharan Africa that might inadvertently increase malaria-breeding sites; began narrowing the initial list of 75 potential projects to approximately ten. Agreed on next steps for engaging project managers to identify measures for avoiding or mitigating such impacts in selected projects for which the potential of adverse health impacts can be confirmed.

### **Plans for Next Quarter**

- Produce a report and EHP Brief on the XS technical working group held Sept. 30–Oct. 2, 2002.
- Produce documents highlighting work on cross-sectoral surveillance.

## **ECHO/XS and IVM Field Programs**

### **Eritrea: Technical Assistance to the Eritrea National Malaria Control Program**

#### **Overview**

EHP is providing technical assistance to the Eritrea National Malaria Control Program to help strengthen its operational research, surveillance systems, and vector-control activities. Activities during the current year are focused on improving surveillance systems, developing malaria risk maps, and conducting a larval control pilot program in selected villages.

## **Activities and Accomplishments**

- Identified a consultant to provide technical support for malaria surveillance, help define objectives and protocols for sentinel sites, analyze historical data, and assist field staff in making better use of surveillance data.
- Continued field operations and prepared an interim report on the larval control pilot study, underway in four pairs of treatment and control villages.
- Finalized arrangements for a field test of the vector-control needs-assessment protocol to be conducted in Eritrea with leadership from the WHO Regional Bureau for Africa.

## **Key Products**

- None this quarter.

## **Plans for Next Quarter**

- Carry out first consultant visit to assist with the sentinel sites and to interpret surveillance data.
- Complete the first year of the larval control pilot study and prepare report.
- Attend the annual program assessment workshop in March.
- Complete malaria risk stratification maps.

## **Nepal: Program for the Prevention and Control of Selected Infectious Diseases**

### **Overview**

EHP is providing assistance to help strengthen the institutional capacity of the Vector-Borne Disease Research and Training Center (VBDRTC) at Hetauda, Nepal, and to assist the Ministry of Health in improving its surveillance and control programs for malaria, kala-azar, and Japanese encephalitis. Comprehensive information on this activity may be found in the trimesterly reports prepared by EHP's project office in Nepal.

### **Strengthening VBDRTC's Institutional Capacity**

#### **Activities and Accomplishments**

- Completed an assessment of the therapeutic efficacy of anti-malarial drugs in five sites of Dhanusha and Mahottari Districts: preliminary results show that all completed cases responded to the standard treatment.

- Held the 12<sup>th</sup> meeting of the VBDRTC board, Oct. 29, 2002; reached consensus on: 1) approval of a plan of action for VBDRTC; 2) appointment of a deputy director; 3) establishment of VBDRTC as the malaria center of the South Asian Association for Regional Cooperation.

## **Improving Surveillance Capacity of the Ministry of Health**

### **Activities and Accomplishments**

- Put in place a system for Japanese encephalitis laboratory diagnosis.
- Prepared a report on lessons learned and recommendations on Japanese encephalitis laboratory diagnosis for the government of Nepal.
- Facilitated MoH participation in a four-week training session in applied epidemiology organized by the CDC and Emory University in Atlanta, Ga., to benefit program activities in strengthening the outbreak-response capacity of the Ministry of Health on vector-borne diseases.

## **Developing Sustainable Intervention Strategies for Prevention and Control**

### **Activities and Accomplishments**

- Developed behavior-change communication (BBC) materials to raise awareness of kala-azar and malaria in communities for the Dhanusha-Mahottari Vector-Borne Disease program; materials include flip charts for health workers, messages and songs for delivery in market places, wall paintings, posters, and street theatre.
- Finalized a benchmark survey report on the pilot interventions.
- Made plans for EHP to take full responsibility for intervention activities previously supported by the Canadian Center for International Studies and Cooperation (CECI); two EHP staff will be assigned to follow the activities and to work with government health personnel and community health workers.
- Designed technical training on kala-azar prevention and control for health personnel at peripheral health facilities.
- Conducted training on identification, referral, and follow-up of kala-azar patients for Female Community Health Volunteers.
- Initiated operations research on kala-azar vector breeding.

## **Additional Areas**

### **Activities and Accomplishments**

- Provided logistical and technical assistance in the preparation of USAID/Nepal's vector-borne disease strategy.

### **Key Products**

- BCC materials for kala-azar awareness.
- Training design for technical staff and health personnel on kala-azar
- Malaria drug resistance study.

### **Plans for Next Quarter**

- Develop a manual on outbreak investigation and response for the training of rapid response teams in the sentinel sites.
- Develop a community-based Early Warning and Response System (EWARS) approach within the framework of the Dhanusha-Mahottari vector-borne disease program.
- Establish a referral system using the newly developed referral slips and registers for kala-azar.
- Evaluate BCC messages and materials.
- Organize a trip for key counterparts in India to visit the project site in Dhanusha-Mahottari in March 2003 to observe the work in progress on kala-azar and malaria.

### **Issues and Problems**

- Security continues to be a major limiting factor in the monitoring and supervision of field activities.

## **Uganda: Reducing Urban Malaria Transmission**

### **Overview**

Malaria is a critical health problem in Uganda and has a dramatic impact on the health status of Uganda's rural population. Recent data indicating that malaria is also a problem in Kampala, Uganda's capital, are part of a growing body of evidence that local malaria transmission is a problem in many African cities. The Uganda urban malaria activity will identify areas in selected cities that appear to be at higher risk for malaria and will confirm local transmission, identify and characterize anopheline breeding sites in areas



where transmission has been confirmed, and involve stakeholder groups in a participatory process for preparing an action plan to eliminate or manage productive breeding sites. The action plan will be developed in partnership with and fully accepted by the local governments. The ultimate result expected from implementation of the action plan will be a measurable reduction in malaria transmission in the intervention areas. This initial phase will run September 2002–July 2003.

### **Activities and Accomplishments**

- Completed collection of clinical data in Kampala in November and in Jinja in December.
- Completed first round of entomological data collection In Kampala in November and in Jinja in December.

### **Plans for Next Quarter**

- Complete second round of entomological data collection in January 2003.
- Begin planning for next visit of EHP consultant, scheduled for April 2003.
- Complete planning for development of action plans for both cities.

### **Issues and Problems**

- Additional discussions with local authorities were needed in Jinja, thus delaying the data collection by approximately one month.

## **Asia-Near East (ANE): Workshop on Standardizing Surveillance for Vector-Borne Diseases in BBIN Countries**

### **Overview**

In July 2000, EHP/Nepal organized a workshop on cross-border issues of surveillance and control of vector-borne diseases. The BBIN network was formed at this meeting—Bangladesh, Bhutan, India, and Nepal—and participants agreed to work towards standardizing vector-borne disease surveillance methods and sharing information on insecticide susceptibility and drug resistance. To facilitate achievement of these agreements, participants met for a workshop in May 2002 to reach agreement on an operation plan to standardize surveillance procedures for malaria, Japanese encephalitis, and kala-azar.

### **Activities and Accomplishments**

- Reviewed and revised two draft reports: “An Inventory of Insecticide Resistance for Malaria, Kala-Azar, and Japanese Encephalitis Vectors in Bangladesh, Bhutan, India

and Nepal” and “An Inventory of Malaria Drug Resistance in Bangladesh, Bhutan, India and Nepal.”

- Planned a workshop on standardizing diagnostic and surveillance methods for Japanese encephalitis to be held in India in March 2003.

### **Plans for Next Quarter**

- Publish and disseminate the two reports mentioned above.

## **Latin America and the Caribbean (LAC): Best Practices in Dengue Control and Treatment**

### **Overview**

In the past ten years the number of cases of dengue and dengue hemorrhagic fever (DHF) has increased dramatically in Latin America and the Caribbean. *Aedes aegypti*, the mosquito that transmits dengue, had been largely eradicated but has returned due to a range of factors including a lack of surveillance, poor prevention, control, and treatment programs, increased urbanization, lack of resources, and inadequate public education efforts. In recognition of the increasing importance of dengue fever as a public health problem, the Latin America and the Caribbean (LAC) Bureau has requested EHP to prepare a summary of best practices for the control and prevention of dengue. This summary report will be disseminated to Population, Health and Nutrition (PHN) staff in LAC region and may form the basis of a presentation to PHN staff during the next LAC PHN officers state-of-the-art (SOTA) meeting tentatively planned for March 2003.

### **Activities and Accomplishments**

- Completed the first draft of the best practices.
- Began internal and external review of the draft.

### **Plans for Next Quarter**

- Revise document after review process.
- Publish and disseminate the document.
- Prepare a presentation on best practices for the LAC SOTA course in March 2003.

## **Task 4B: ECHO: Integrated Programs (ECHO/IP)**

### **Overview**

One of EHP’s primary tasks is to assist in the design, evaluation, and dissemination of lessons learned in integrating field activities in community-based natural resource

management and population and health. The primary vehicle for carrying out this task is a four-year activity in Madagascar. EHP is subcontracting with local organizations in key environmental corridors to support integrated activities. Because of USAID programs in population and health and natural resource management, Madagascar is an ideal country to conduct this activity.

### **Activities and Accomplishments**

- Assisted in organizing the quarterly meeting of Voahary Salama (VS) in October; reached agreement on the need to finalize the VS procedures manual and the protocol for collaboration among the partners and to revitalize the technical committees.
- Hired a new ECHO monitoring and evaluation specialist.
- Assisted in organizing training in the Accelerated Method for Participatory Research (French acronym, MARP) in October.
- Provided ongoing information and communications support for the community-champion, child-to-child, and farmer-to-farmer approaches.
- Field tested a training module on cross training.
- Participated in the WASH initiative sponsored by the WSSCC.
- Developed support materials for the farmer-to-farmer approach.
- Developed a proposal for a radio spot to be broadcast in the intervention regions of VS.

### **Key Products**

- VS Bulletin No. 6.

### **Plans for Next Quarter**

- Finalize the protocols with the key government ministries that VS works with.
- Revise the partnership protocol for VS.
- Evaluate the community-champion initiative in Beforona.
- Finalize and produce information, education and communication (IEC) materials for the child-to-child and farmer-to-farmer approaches.
- Present the IEC materials developed by VS to other USAID partners, such as CARE and CRS.
- Organize the quarterly meeting of VS.

## Issues and Problems

- The Madagascar Institute for the Conservation of Tropical Ecosystems (MICET), one of the NGOs that EHP has supported, has not been able to carry out any field activities this quarter. EHP will begin to identify a replacement NGO.
- EHP has not been able to obligate the \$140,000 in funding from USAID to replace Summit Foundation money. The problem is the need for authorization to grant the money to Tany Meva. EHP will attempt to resolve this problem by setting up a subcontract with Tany Meva instead of a grant.
- Activities by the Department for Development, Church of Jesus Christ (SAF), Action Santé Organisation Secours (ASOS), and MICET have slowed significantly with the end of Summit Foundation funding.

## Task 6: Information Center

### Overview

The Information Center carries out four basic activities: 1) provides strategic information/communication/dissemination support to EHP core tasks (Policy and Lessons Learned, CESH, and ECHO); 2) maintains a database of EHP activities; 3) develops partnerships for information exchange and sharing of technologies and for extending EHP's reach to new audiences; and 4) provides information and dissemination services to EHP and USAID staff and to the public through its website.

### Activities and Accomplishments

#### Strategy Support

- Disseminated 12 issues of the *Malaria Bulletin* to 600 subscribers and six issues of the *Hygiene Bulletin* to 100 subscribers.
- Conducted literature searches and obtained articles for EHP and USAID staff on dengue prevention, indoor air pollution, arsenic pollution, and other topics.
- Supported the ECHO program review.
- Developed CD-ROMs of topical materials for the LAC workshops in Peru and Honduras.
- Supported the participation of the ECHO coordinator in the MIM conference held in Tanzania in November.

## Partnerships

- Shared current journals and provided copies of articles to the BASICS library and staff.
- Continued collaboration with the Partnership in Social Science for Malaria Control.

## Information Services

- Published one issue of EHP's e-newsletter, "EHP News"
- Responded to approximately 600 information requests: from staff and consultants (175), USAID (90), international and nongovernmental organizations (180), developing countries (125), and others (30).
- Maintained and extended the reach of the EHP website: during the quarter there were 24,538 visits to the site, compared with 19,748 the previous quarter.
- Disseminated documents (brochures, briefs, malaria bulletins, etc.) through the Internet: during the quarter, 1,003 reports were downloaded via USAID's Center for Development Information and Evaluation/Development Experience Clearinghouse (CDIE/DEC) website and 117,867 documents and/or files were downloaded and/or viewed via the EHP website, compared with 94,210 the previous quarter.
- Redesigned the home page and added a new "current feature" to the website.
- Provided publication, editing, design, and translation support to EHP.
- Published three Activity Reports: #113. *End of Project Report. Environmental Health Project CESH Benin Activity. Gestion Communautaire de La Sante Environnementale II (GESCOME II)*. #114. *Ghana Urban Health Assessment*. #115: *Integration of Health, Population and Environmental Programs in Madagascar. Midterm Progress Report*.
- Published two Strategic Reports: #4: *Creating an Enabling Environment for Community-Based Rural Water Supply, Sanitation and Hygiene Promotion Systems: Case Study: Reforming the Rural Department of the National Water Agency (INAPA) in the Dominican Republic* and the Spanish version of #2: *Guidelines for the Assessment of National Sanitation Policies*.
- Published four Briefs: #8: *Malaria Control in Eritrea*; #9: *Integrated Vector Management for Malaria Control in Africa*; #10: *Nepal Vector-Borne Disease Program Update*; and #11: *A Framework for Action. Child Diarrhea Prevention*.
- Received and cataloged 14 Reports for the File.

## **Plans for the Next Quarter**

- Update website.
- Produce e-newsletter.
- Provide support for publication of quarterly reports.
- Provide support for publication of activity reports and strategic reports.
- Provide support for workshops and conferences.

## **Key Products**

See above and Annex.

# **Task 7: Urban Health**

## **India: Child Health and Nutrition Among the Urban Poor**

### **Overview**

In November 2000, a team of child survival and nutrition specialists from Washington, DC, and Delhi outlined how a modest level of resources could be invested in India to achieve USAID/India's Strategic Objective 3: "Improved child survival and nutrition in selected areas of India."

The team found that in urban areas of the country, the health conditions of infants and children and the priorities for intervention are similar to those in rural areas: nutrition, neonatal health, immunization, and reduction of childhood illness and death due to acute respiratory infections (ARI), and diarrhea. Based upon the severity of the health conditions and the existence of successful urban health activities investigated, the team recommended that improved child health and nutrition among the urban poor in selected cities be one of four intermediate results for the strategic objective. Subsequently, in June and July 2001, EHP developed an approach, strategy, and work plan for an urban health program in support of the intermediate result and, in January 2002, developed a draft action plan for a five-year urban slum child health program. The USAID Regional Urban Development Office (RUDO) Program Officer, the USAID Child Survival Advisor, and the newly hired EHP Urban Health Program Director, as well as the directors of the USAID/India PHN and RUDO offices contributed to the development of the plan.

### **Activities and Accomplishments**

- Completed Indore situation analysis report and slum vulnerability assessment and categorization with maps.

- Agreed on a screening process for NGO pre-proposals and created a screening committee.
- Carried out a pre-proposal workshop for NGOs and community-based organizations (CBOs) in Indore.
- Conducted a needs assessment for the Indore Municipal Corporation; identified major needs: strengthening of slum/water/sanitation capabilities, strengthening the health information system, and fostering linkages between the corporation, CBOs, private providers, etc.
- Received formal request for technical assistance from the mayor of Indore.
- Developed draft technical package and operational strategy for newborn care in urban slums.
- Began assisting the *Indian Journal of Pediatrics* with a special issue on child health in urban slums.
- Responded to a request from the government of India for technical assistance in developing an approach to health vulnerability assessment in urban slums of mid-sized cities.
- Completed the first draft of a chapter on urban health for inclusion in *Jharkhand Vision 2010*, to be published by the government of Jharkhand, and produced a two-page summary of the chapter.
- Participated in several conferences and meetings with USAID cooperating agencies and others on newborn care with a focus on urban areas.

### **Plans for Next Quarter**

- Finalize NGO proposals.
- Sign subcontracts with NGO/CBO consortia in Indore for program implementation.
- Begin hygiene improvement pilots in selected slums of Indore.
- Hire a coordinator and administrative officer for Indore and establish EHP office.
- Begin capacity-building efforts for subcontracted NGOs in Indore.

## **Asia/Near East (ANE) Urban Health Initiative**

### **Overview**

The Asia/ Near East (ANE) region is characterized by rapid population growth and high urbanization rates. The urban population of Asia is expected to increase dramatically, from 1.2 billion in 1995 to 2.5 billion in 2025, with more than 400 million residing in cities of 10 million or more. The region is also characterized by high infant and child mortality, high maternal mortality, low female literacy, low status of women, high rates of malnutrition, and the rapid spread of HIV/AIDS. Concerned that USAID's health programming is not keeping pace with the reality of rampant urbanization and the dire conditions of small children in the region's slums, USAID's ANE Region health officers have developed a three-phased urban health activity which EHP will implement. The purpose of the activity is to persuade PHN officers in USAID's ANE missions to direct resources toward programs designed to meet the health needs of the urban poor, by assessing the state of current knowledge of urban slum populations, by contributing to that knowledge through on-the-ground research on this population's existing health needs, and by offering practical guidelines for urban slum health program development and implementation.

### **Activities and Accomplishments**

- Held team planning meeting for scoping-team visit and carried out two-week scoping trip.
- Developed overall program strategy and approach.
- Identified potential implementing agencies and local coordinator candidates.
- Drafted scopes of work for local coordinator, Cairo-based literature review, and slum situation analysis.

### **Key Products**

- PowerPoint presentation on program background, proposed strategies, and approaches.

### **Plans for Next Quarter**

- Hire a local coordinator.
- Subcontract with a local NGO for the situation analysis.
- Begin situation analysis.
- Agree on role of the upcoming interim DHS in the urban health program.



## Ghana: Urban Health Assessment

### Overview

EHP was asked by USAID/Washington's Economic Growth, Agriculture and Trade (EGAT) Bureau to carry out an assessment of the health needs of the urban poor in Ghana and provide a road map for future mission interventions. The assessment is to include a desktop study with original interviews both in Ghana and in the United States. Targeted cities are Accra and Kumasi. The idea for the assessment grew out of a visit to Ghana by staff from USAID's Urban Programs and the EHP CTO. The assessment information will be used to feed into the development of the mission's country health program strategy.

### Activities and Accomplishments

- Completed the *Ghana Urban Health Assessment*, an EHP Activity Report, and posted it on the EHP website.
- USAID/EGAT/Urban Programs staff person traveled to Ghana to discuss the findings of the assessment with mission PHN personnel.

### Key Products

- Activity Report 114. *Ghana Urban Health Assessment*.

### Plans for Next Quarter

- Activity is completed.

## Peru: Urban Environmental Health

### Overview

The purpose of this activity is to reduce health risks associated with exposure to locally generated contaminants and pathogens in peri-urban residential neighborhoods and communities. This purpose will be achieved by addressing environmental health threats through four types of interventions: 1) helping Peruvian agencies with environmental health responsibilities to improve their policies, 2) carrying out pilot projects to demonstrate innovative ways of addressing environmental health needs, 3) providing technical assistance, training, and local institutional strengthening, and 4) developing capacity in environmental health risk monitoring. EHP will provide support to the Ministry of Health's General Directorate of Environmental Health (DIGESA) and to the implementing PVOs and local authorities. The activity grew out of an earlier effort to reduce lead exposure in slum areas of Callao through behavioral change.

## **Activities and Accomplishments**

- Finalized the assessment of the national environmental health surveillance system.

## **Plans for Next Quarter**

- Activity is completed.

# **“Other” Tasks from Year 3 Work Plan, Pending Completion**

## **Dominican Republic: Decentralization of Rural Water and Sanitation Services**

### **Overview**

USAID/Dominican Republic and the National Water Supply and Sewerage Institute (INAPA), which is the national water utility, have agreed to work together and co-finance a pilot rural water supply and sanitation project in Hato Mayor Province. The joint effort allows INAPA to develop and test approaches to implement its decentralization strategy, which will subsequently be scaled up to the national level. The pilot project applies the total community participation model and constructs sanitation systems and water supply infrastructure. USAID provides INAPA with technical assistance and training. Entrena (a local contractor) manages the NGO contracts under the pilot project, and EHP provides technical assistance to help develop and strengthen INAPA’s capacity to implement the decentralization strategy, using the pilot project as its testing ground. This activity officially ended on Dec. 31, 2001. However, EHP and USAID/Global Health agreed to use CESH core funds to write an EHP report describing the work in the Dominican Republic over the last four years and placing it in the context of the hygiene improvement framework, and USAID/DR provided EHP with a modest MAARD to hire a local consultant to provide ongoing coaching to INAPA so that the technical assistance that has been provided is not lost.

## **Activities and Accomplishments**

- Developed a scope of work for an effort to provide ongoing technical assistance support to INAPA through a local coordinator.

## **Plans for Next Quarter**

- Local coordinator to continue providing limited technical assistance to INAPA Rural Water Department staff in its community oriented role.

## **Latin America and the Caribbean (LLAC): Decentralization**

### **Overview**

The primary purpose of this activity is to develop case studies on decentralization of water supply and sanitation systems in Latin America. The case studies have been completed, and all that remains is ongoing dissemination. With the remaining funds in the activity, EHP initiated an activity to develop guidelines for creating an institutional support mechanism to provide backup to rural water supply and sanitation systems—one of the main themes of the case studies.

### **Activities and Accomplishments**

- Drafted and reviewed the institutional support mechanism guidelines.
- Revised and submitted for publication the guidelines as *Strategic Report #6: Institutional Support Mechanisms for Community-Managed Rural Water Supply and Sanitation Systems in Latin America*.

### **Key Products**

- See above.

### **Plans for Next Quarter**

- Translate Strategic Report #6 into Spanish.

## **TASK ORDER 2**

## **Malaria Vaccine Development Program (MVDP)**

### **Overview**

Support for the USAID Malaria Vaccine Development Program (MVDP) is conducted by EHP through Task Order 2 under its contract with USAID. The task's planned duration is five years (Aug. 1, 1999–July 31, 2004).

### **Activities and Accomplishments**

- Supported the MVDP through the work of the MVDP technical adviser (and through a subcontract with Dr. Tony Holder at the National Institute for Medical Research, London).
- Prepared for and followed up on vaccine team meetings (AMA1, MSP1, ESC, and PfEMP1).

- Prepared, attended and followed up on the GSK-WRAIR-MVI-USAID meeting, Oct. 22-26, in Brussels.
- Began preliminary steps needed for a formal evaluation of the MVDP project being performed by USAID's Monitoring, Evaluation, and Design Support (MEDS) project.
- Prepared for the next Scientific Consultants Group semi-annual meeting to be held in January 2003.
- Drafted a new investigational new drug application to the U.S. Food and Drug Administration for the *Escherichia coli* Apical Membrane Protein 1 (AMA1) vaccine target antigen.
- Participated in other technical planning and monitoring meetings throughout the quarter.

### **Plans for Next Quarter**

- Continue to participate in antigen team meetings.
- Plan for upcoming clinical trials with AMA1 and MSP1.
- Plan the next Scientific Consultants Group meeting to take place in January 2003.
- Develop the FY 2004 MVDP budget.
- Continue to participate in technical planning and monitoring meetings.

## **TASK ORDERS 803 and 804**

### **West Bank: Village Water and Sanitation Program (VWS): Health, Governance, Waste Water Reuse Studies, Designs, Program**

#### **Overview**

The original purpose of USAID's West Bank Village Water and Sanitation Program (VWS) was to provide safe and sustainable water and sanitation services to 44 rural towns serving a population of 135,000 in the West Bank. The program was to focus on communities in the West Hebron and South Nablus areas. The VWS program supported one of the strategic objectives of USAID/West Bank: to provide greater access to and more effective use of scarce water resources. Work was to be carried out in collaboration with the Palestinian Water Authority, as well as the Ministries of Agriculture,

Environmental Affairs, Health, Local Government, and Planning. Implementation was to be carried out under three separate task orders:

- Task order 802: Engineering Studies. Now completed.
- Task order 803: Health, Governance, Wastewater Reuse Studies, Designs, and Program. The preparation of feasibility studies and the design of programs for improved community education and governance to improve water, sanitation, hygiene, and agricultural practices.
- Task Order 804: Engineering Designs. Development of designs and procurement packages for all of the proposed facilities.

In April 2002, the scope of EHP's work was expanded to include coordination of USAID's response to a humanitarian crisis brought about by the invasion and prolonged occupation of major Palestinian cities by the Israeli Defense Forces beginning on March 20, 2002. Task Orders 803 and 804 were converted to an emergency operation consisting of providing emergency water supplies and assessing water needs and availability and the planned activities were deferred.

### **Activities and Accomplishments**

- Conducted an environmental-health household survey (including components on knowledge, attitudes and behaviors; stool sampling; and water-quality analysis) among 600 households in southern Nablus and western Hebron.
- Implemented emergency water supply distribution programs, with assistance from Save the Children Federation, CARE International, and the American Near East Refugee Aid (ANERA) organization, in three especially vulnerable areas (approximately 25 communities): Jenin, Tubas, and Nablus; and provided for improved water treatment and water-quality monitoring in the same areas.
- Conducted a management workshop to review and revise procedures for the activities of the Emergency Water Operations Center (EWOC) and formed an EWOC planning committee made up of representatives from the Palestinian Water Authority, the West Bank Water Department, and EHP.
- Initiated assessment work related to the procurement under EWOC of major supplies of pipes and valves, stand-by generators, pump-system motors, and related items.

### **Plans for Next Quarter**

- Complete the report on the environmental health household survey activity and initiate the design of an environmental health component to respond to identified problems.

- Submit requests for and process the procurement of major supplies of pipes and valves, stand-by generators, pump-system mothers, and related items.
- Conclude the design of network-distribution systems in “Contract A” villages of West Hebron (those with no current networks) and continue design of “Contract B” villages in West Hebron (those with existing networks needing rehabilitation) as well as those of Nablus.
- Conclude the design of the Beit Dajan well/pumping facility.



## Year 4 Milestones, Status as of the Second Quarter

Shaded cells indicate target date for completion; those with “x” indicate that the target was achieved.

Task/Milestone	1stQ	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	Comments
<b>Task 1: Work Plan</b>					
Finalize and submit work plan to USAID					
<b>Task 2: Lessons Learned &amp; Policy</b>					
Host WSSCC M&E Task Force meeting.					
Organize one technical meeting to review Vision 21 monitoring tests.					
Annual performance and milestone report		x			
Support to the WSSD meeting in Johannesburg, South Africa.	x				
Support to Kyoto meeting.					
Abstracts submitted for Global Health Council Conference.	x				
Active participation in Global Health Council Annual Meeting.					
Three policy documents published or in draft.					Postponed to 3 <sup>rd</sup> Qtr.
Develop an agenda and implement a C-IMCI workshop for LAC with BASICS and the CORE IMCI working group.					Postponed to 3 <sup>rd</sup> Qtr.
Participate in a USAID request for a mission partnership activity for scaling up of C-IMCI, with a concrete EHP role established in at least one country.	x				
Compile and document successful EHP partnerships in a short advocacy brief.					
<b>Task 3: CESH</b>					
Dedication of core funds to support a field-based operations research project in partnership with local specialists.	x				
Assessment guidelines published by EHP.	x				
Quantitative assessment tool refined based on findings from field application.					



Task/Milestone	1stQ	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	Comments
Community-based monitoring tool developed and field opportunities identified for its application and testing.					
Working draft of the CESH programming guide for behavior change for diarrheal disease reduction completed.					
Draft of situation analysis tool completed (background paper completed by H. Lockwood.					
Minutes of meetings of stakeholders and activity managers involved in CESH produced and widely distributed.	x				
Core CESH funds to facilitate hygiene improvement dedicated in one or more targeted countries as part of a GDA partnership.					
Two-year action plan to provide technical assistance to SANRU finalized and supported.	x				
Substantive progress made in the field, working with NGOs to develop draft diarrheal disease prevention modules.					
Opportunity for focused effort in Nepal to assist the ongoing long-term work of sectoral partners identified and supported.		x			Opportunity identified.
Focused program of support to NicaSalud developed and supported.					Plans finalized but scope of work not completed: deferred to 3 <sup>rd</sup> Qtr.
Focused program of support to local partners in the Dominican Republic developed and supported.	x				
EHP reports on urban environmental health activities in the DRC and behavior change activities in the Dominican Republic published and disseminated.					
<b>Task 4A1: ECHO/XS</b>					
XS TWG meeting and report.	x				
XS: Concept paper: Improving information for malaria control decision.					Deferred to 3 <sup>rd</sup> Qtr.
Malaria risk stratification: methods and applications.					
<b>Task 4A2: ECHO/IVM</b>					
Draft guidelines for IVM.					Deferred pending further direction from WHO/AFRO

Task/Milestone	1stQ	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	Comments
Session on larva control at the Third Pan-African Conference on Malaria.		x			
Field test of the vector control needs assessment protocol.		x			
<b>ECHO/XS &amp; IVM: Nepal</b>					
Review of VBDRTC progress in implementation of the work plan.					Deferred to 3 <sup>rd</sup> Q at USAID's request.
Recommendations from the Meeting on Standardization of Community-Based Kala-azar Surveillance and Case Management in Dhanusha/Mahottari, Nepal, and the Adjoining Districts of Bihar State, India.					
Evaluation report of improved EWARS strategy in eight sentinel sites..					
Recommendations on SO4, interventions 1 through 4, prepared in draft for further adjustments in Year 5.					
<b>ECHO/XS &amp; IVM: Eritrea</b>					
Protocols and training for sentinel site staff.	x				
Complete review of the malaria vector control program.		x			
Report of results for larva control pilot programs.					
Support to midterm review of the NMCP Five-Year Plan for Rolling Back Malaria.					
<b>ECHO/XS &amp; IVM: Uganda</b>					
Situation analysis completed.					
<b>ECHO/XS &amp; IVM: ANE</b>					
Regional workshop on Japanese encephalitis surveillance.					Deferred to 3 <sup>rd</sup> Q.
Regional workshop on kala-azar surveillance.					
<b>ECHO/XS &amp; IVM: LAC–Dengue Fever</b>					
Best practices document completed.					

Task/Milestone	1stQ	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	Comments
Presentation to the LAC regional PHN SOTA meeting.					
<b>Task 4B: ECHO/IP/Madagascar</b>					
General assembly meeting of Voahary Salama.	x				
Institutionalization of VS as a legal entity.	x				
Training-of-trainers workshop for community development agents.	x				
<b>Task 6: IC</b>					
Changes to the website implemented, based on assessment recommendations, and report prepared.	x				
A series of web-based bibliographies on diseases related to water supply and sanitation and certain vector-borne diseases developed.		x			
One joint e-conference facilitated.					
EH web ring established with other relevant websites.					

# End-of-Project Results Achieved to Date

## Policy and Lessons Learned

#	Result	Indicator	Status to Date
1.	Monitoring and evaluation plan <i>implemented</i> for CESH and ECHO.	Monitoring and evaluation plan with project-level and task-specific indicators.	EHP has developed a Monitoring and Evaluation Plan and is using it for monitoring CESH and ECHO activities.
2.	Indicators for water, sanitation, and hygiene that go beyond coverage and access <i>developed</i> , in collaboration with other organizations, and <i>tested</i> in CESH field programs.	List of indicators and data collection methods developed.	EHP has —Developed a comprehensive environmental health assessment that includes intestinal parasites as proximate measures for changes in water, sanitation and hygiene practices as well as water quality. —Tested a comprehensive environmental health assessment tool containing a core set of hygiene improvement indicators in the West Bank (March 2002). —Prepared draft indicators. —Developed a hygiene improvement quantitative assessment guide with first level indicators.
3.	Indicators and data-collection instruments for cross-sectoral surveillance with a focus on malaria <i>developed</i> and <i>tested</i> , in coordination with WHO and other organizations.	List of indicators and instruments for cross-sectoral surveillance and IVM.	
4.	Four major international meetings <i>supported</i> by EHP participation and two <i>organized</i> by EHP.	Number of major international meetings in which EHP participates and which it organizes.	EHP has met the end-of-project target of organizing two major international meetings: 1. 2000, the Global Consultation on the Health Impacts of Indoor Air Pollution. 2. December, 2001, Monitoring and Evaluation of Water, Sanitation and Hygiene Behaviors, Delft, Netherlands. EHP played a role in organizing this policy meeting, which included the participation of approximately 15 professionals from WHO, UNICEF, WELL, LSHTM, IRC, and EHP. Consensus was reached on the

#	Result	Indicator	Status to Date
			<p>establishment of a monitoring network to pursue agreed upon objectives for advancing the state of the art in monitoring.</p> <p>3. In addition, EHP organized an E-Forum on Hygiene Promotion, a month-long e-conference on EHP's hygiene improvement framework with a final report.</p> <p>EHP has met the end-of-project target by actively participating in four major international meetings:</p> <ol style="list-style-type: none"> <li>1. Respiratory Diseases and the Environment, Lucknow, India.</li> <li>2. November, 2000. Water Supply and Sanitation Collaborative Council meeting, Iguacu, Brazil.</li> <li>3. November, 2001. American Public Health Association annual meeting.</li> <li>4. May, 2002. Global Health Council annual meeting.</li> </ol>
5.	Major policy issues of global importance in CESH and ECHO <i>identified</i> and five reports <i>produced</i> to contribute to their consideration.	Number of reports published.	EHP published a policy report on public-private partnerships for promoting hand washing.

#### Community-Based Environmental Sanitation and Hygiene

#	Result	Indicator	Status to Date
1.	Two operations research questions on diarrheal disease prevention in CESH programs <i>studied</i> and results <i>documented</i> .	Number of questions studied.	<p>EHP is studying one operations research question: the safe disposal of children's excreta. The study is being implemented by the International Institute for Nutrition in Peru.</p> <p>EHP is studying the impact of household water chlorination on households with family members who have HIV/AIDS.</p>
2.	At least one tool developed under CESH to promote environmental sanitation as national policy <i>applied</i> in five USAID-assisted countries.	Number of USAID-assisted countries in which tools have been applied.	
3.	Tools to assist non-governmental organizations (NGOs), governments, and communities to identify priorities and to	Tools developed, applied, and documented to (1) identify local priority	<p>EHP is developing two tools:</p> <ol style="list-style-type: none"> <li>1. As part of the development of the Hygiene Improvement Quantitative Assessment Tool, gathering baseline information in the</li> </ol>

#	Result	Indicator	Status to Date
	select, implement, and evaluate interventions <i>developed</i> .	environmental conditions related to diarrheal disease prevention, (2) to guide selection of interventions, (3) to guide implementation and monitoring, and (4) to evaluate impact on behaviors related to diarrheal disease in children under five.	field in advance of program implementation to identify local priority environmental conditions related to diarrheal disease prevention and to evaluate impact on behaviors related to diarrheal disease in children under five—now being refined.  2. Action learning guide on behavior change for hygiene improvement to guide selection of interventions and to evaluate impact on behaviors related to diarrheal disease in children under five—now being developed by the Manoff Group.  3. Participatory monitoring and evaluation tool—development initiated.
4.	Activities using tools developed under Result #3 <i>implemented</i> in at least three USAID-assisted PHN countries.	Number of USAID-assisted PHN countries which apply tools.	EHP tools have been or are being applied in four countries:  1. Benin (community-level project used tool on gathering baseline data).  2. Democratic Republic of Congo (a water and sanitation project is using tool on gathering baseline information and a training course on applying trials of improved practices (TIPs) methodology).  3. Nicaragua (program to increase the capacity of NGOs to bring about change in hygiene behavior used both tools).  4. Dominican Republic (PAHO/DR C-IMCI training and educational materials adopted a module on diarrheal disease prevention).

#### Environmental Change and Health Outcomes/Cross-Sectoral Surveillance

#	Result	Indicator	Status to Date
1.	Methods for cross-sectoral surveillance <i>developed</i> and <i>tested</i> .	Number of methods tested.	EHP has developed and has tested or is testing three methods:  1. Risk stratification at the national level, in Eritrea  2. Risk stratification at the local level, in Mozambique  3. Characterization of larval habitats in Eritrea, Mozambique, and Nepal.
2.	Tools to promote the use of cross-sectoral	Number of tools developed	EHP has developed three tools for promoting cross-sectoral surveillance:

#	Result	Indicator	Status to Date
	surveillance <i>developed</i> , in partnership with other international organizations.	for promoting the use of cross-sectoral surveillance.	1. Draft activity report on risk stratification. 2. Draft activity report and professional journal articles on vector studies. 3. Draft activity report on a national prevalence survey in Eritrea. Articles submitted to professional journals on vector studies
3.	Cross-sectoral surveillance tools developed under Result #2 <i>used</i> by EHP to promote cross-sectoral surveillance as part of official MOH policy in three USAID-assisted PHN countries.	Number of countries in which cross-sectoral surveillance methods have been promoted.	EHP has promoted cross-sectoral surveillance in three countries: 1. Eritrea 2. Mozambique 3. Nepal

#### Environmental Change and Health Outcomes/Integrated Vector Management

#	Result	Indicator	Status to Date
4.	Effectiveness of IVM interventions determined and appropriate settings for each <i>identified</i> , with an emphasis on controlling malaria in Africa using community-based approaches.	Number of tests and evaluations supported by EHP.	EHP has supported two tests and evaluations – both in Eritrea: 1. Efficacy of <i>Bacillus thuringiensis</i> and <i>Bacillus sphaericus</i> (Bt and Bs) and temephos. 2. Pilot larval control programs in four villages.
5	IVM approaches appropriate for malaria in urban and rural settings in Africa <i>developed</i> , in partnership with other international organizations.	Number of settings for which IVM approaches have been developed.	EHP has developed integrated vector management control approaches for six different settings in Africa. (Technical meeting in January 2002 identified six different settings in Africa.)
6.	The use of IVM approaches as part of official national malaria control plans and procedures <i>promoted</i> , in collaboration with other major international organizations.	Number of countries in which EHP has promoted the use of IVM approaches.	EHP has promoted the use of integrated vector management approaches in one country: Eritrea.

**Environmental Change and Health Outcomes/Integrated Programs**

#	Result	Indicator	Status to Date
1.	Potential for scaling up integrated health, population, and environment program in rural settings along environmental corridors in Madagascar <i>evaluated, documented, and disseminated.</i>	Integrated health-population-environment evaluation approach developed, tested, applied, and disseminated.	





# Annex

## List of Products

### Task 3: Community-Based Environmental Sanitation and Hygiene (CESH)

- EHP Strategic Report 3. Improving Sanitation in Small Towns in Latin America and the Caribbean.
- Article on sanitation in small towns published in July issue of *Waterlines*.

### Task 4: Environmental Change and Health Outcomes (ECHO)

#### Task 4A: ECHO: Cross-Sectoral Surveillance (XS) and Integrated Vector Management (IVM)

#### Nepal: Program for the Prevention and Control of Selected Infectious Diseases

- BCC materials for kala-azar awareness.
- Training design for technical staff and health personnel on kala-azar
- Malaria drug resistance study.

#### Task 4B: ECHO: Integrated Programs (ECHO/IP)

- VS Bulletin No. 6

### Task 6: Information Center

#### Products Published

Documents completed (*What's New*, EHP Briefs, Activity Reports, Joint Publications and Strategic Reports) or received for archiving (Reports for the File), July–September 2002:

- One issue of EHP News (EHP's e-newsletter)
- **Activity Report 115.** Integration of Health, Population and Environmental Programs in Madagascar. Midterm Progress Report. 26568/EI.MG4.DISSEMINATION. 10/02
- **Activity Report 114.** Ghana Urban Health Assessment. Patricia Taylor, Carla Rull Boussen, Joan Awunyo-Akaba, John Nelson. 26568/UH.GHANA.ASSESS. 12/02

- **Activity Report 113.** End of Project Report. Environmental Health Project CESH Benin Activity. Gestion Communautaire de La Sante Environnementale II (GESCOME II). Laurie Krieger, Sheldon Gellar, Salifou Yallou, Pascal Zinzindohoue. 26568/CESH.BENIN2.PUB02. 12/02
- **Strategic Report 4.** Creating an Enabling Environment for Community-Based Rural Water Supply, Sanitation and Hygiene Promotion Systems: Case Study: Reforming the Rural Department of the National Water Agency (INAPA) in the Dominican Republic. English. Eric Johnson, Eduardo A. Perez. 26568/OTHER.DO2.INAPA.FINREPORT. 06/02
- **Strategic Report 2S.** Directrices para la evaluación de políticas de saneamiento nacionales. Myles F. Elledge, Fred Rosensweig y Dennis B. Warner con John H. Austin y Eduardo A. Pérez. 26568/CESH.SANITATION.POLTOOL 07/02
- **EHP Brief 11.** *A Framework for Action. Child Diarrhea Prevention.* EHP Staff. 26568/IC.YR4.SERV. December 2002
- **EHP Brief 10.** *Nepal Vector-Borne Disease Program Update.* EHP Staff. 26568/IC.YR4.SERV. December 2002
- **EHP Brief 9.** Integrated Vector Management for Malaria Control in Africa. EHP Staff. 26568/IC.YR4.SERV. November 2002
- **EHP Brief 8.** *Malaria Control in Eritrea.* EHP Staff. 26568/IC.YR4.SERV. November 2002

## Products Archived

- **Report for the File 419.** Behavior Change for Diarrheal Disease Prevention in the Context of C/IMCI Environmental Health Project Pan American Health Organization Plan International Peru Progress Report First Phase Cusco, Peru. Marco P. Torres. September 2002. 26568/ CESH.CIMCI.PAHO.Y4.01
- **Report for the File 418.** Environmental Health Project II: Communication and Dissemination Strategy. May Post. 26568/ICU.YR4.SERV. 12/02
- **Report for the File 417.** EHP Trip Report Honduras—Development of a System of Supervision For Environmental Health Technicians. October 2002. Dennis J. Kalson. 26568/OTHER.HONDURAS.TSA
- **Report for the File 416.** Behavior Change for Diarrheal Disease Prevention in the Context of C/IMCI Environmental Health Project. Pan American Health Organization. Plan International Nicaragua. Trip Report Second Phase, Chinandega, Nicaragua. October 2002. Marco P. Torres. 26568/ CESH.CIMCI.PAHO.Y4.01

- **Report for the File 415.** Behavior Change for Diarrheal Disease Prevention in the Context of C/IMCI Environmental Health Project Pan American Health Organization Plan International Nicaragua Progress Report First Phase, Chinandega, Nicaragua. August 2002. Marco P. Torres, Technical Consultant. 26568/CESH.CIMCI.PAHO.Y4.01
- **Report for the File 414.** *A Sanitation Plan for White Horses, St Thomas, Jamaica, W.I.*. Coordinated by: Construction Resource & Development Centre. Authored by: Stephen Hodges. Bevelyn Brodber. Heather McFarlane. September 30, 2002. 26568/OTHER.LACSAN.JAMAICA
- **Report for the File 413.** Trip Report: Internet Librarian 2002 Conference, Palm Springs, California, November 4-6, 2002. Dan Campbell. 26568/IC.YR4.SERV
- **Report for the File 412.** Seguimiento y Monitoreo “Cambios de Comportamiento en Higiene y Saneamiento Ambiental” Informe Final. Spanish. Gertrudis Medrano, Allan Hruska. 26568.CESH.NICASALUD. 8/02
- **Report for the File 411.** *CESH Nepal Activity Asian Development Bank Partnership for Hygiene Improvement and EHP Scoping for Handwashing Promotion.* Prepared for USAID/GH by The USAID Environmental Health Project (EHP). September 26, 2002. 26568/CESH.NEPAL.Y4
- **Report for the File 410.** *USAID Programming of Drinking Water Supply and Related Sectors: El Salvador.* By Lizz Kleemeier. October 16, 2002. 26568/LLP.POL.WS&S
- **Report for the File 409.** Plan to Integrate Hygiene Improvement into the Water and Sanitation Component of Sanru III: Democratic Republic of Congo Trip Report, September 18-October 18, 2002. Lynn Cogswell. October 2002.
- **Report for the File 408.** *Assessment of the EHP Website: Findings and Actions Taken.* English. Dr. May Post, Dan Campbell. 26568/LLP.ME.YR4.PERF. 10/2/02
- **Report for the File 407.** *EHP II Year 3 Quarterly Report 4- April–June 2002.* English. EHP Staff. 26568/LLP.ME.YR4.PERF 9/02
- **Report for the File 406.** Estudios Comunitarios Comparativos Sobre Cambios de Comportamientos Higienicos Sanitarios (Documentos Anexos). Spanish. EHP Staff. 27052/NIC.MANAGUA.12/1/02

## **Task 7: Urban Health**

### **ANE Urban Health Initiative**

- PowerPoint presentation on program background, proposed strategies, and approaches

## **Ghana: Urban Health Assessment**

- Activity Report 114. Ghana Urban Health Assessment

## **‘Other’ Tasks**

## **Latin America and the Caribbean: Decentralization**

- Strategic Report #6. Institutional Support Mechanisms for Community-managed Rural Water Supply and Sanitation Systems in Latin America